

Format to transfer the CFL access. Must be on command letterhead and signed by the CO. Can be faxed to 901-874-2054 (DSN 882) or scanned and e-mailed to mill\_prims@navy.mil.

6100

Date

From: Command Name  
To: Director, Physical Readiness and Community Support  
(OPNAV N135)

Subj: CFL DESIGNATION TRANSFER LETTER

1. The following service member is designated as this command's Command Fitness Leader (CFL) as of date. Please transfer the access from \_\_\_\_\_, who has the current CFL access in PRIMS, to \_\_\_\_\_, as designated below.

**COMMAND INFORMATION:**

COMMAND NAME:  
UIC:  
ADDRESS:  
PHONE NUMBERS (Commercial and DSN):

**CFL INFORMATION:**

NAME:  
SSN:  
PRD:  
RANK/RATE:  
E-MAIL ADDRESS:  
PHONE NUMBERS (Commercial and DSN):  
UICs RESPONSIBLE FOR:

2. If there are any questions, please contact \_\_\_\_\_.

COMMANDING OFFICER or  
AUTHORIZED OFFICIAL